PTO/SB/17 (12-04) ed for use through 07/31/2006. OMB 0651-0032

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Complete if Known		
FEE TRANSMITTAL	Application Number	10/519,071 December 23, 2004 H. van der EERDEN et al.	
For FY 2005	Filing Date		
F01 F1 2005	First Named Inventor		
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Unassigned	
<u></u>	Art Unit	Unassigned	
TOTAL AMOUNT OF PAYMENT (\$) 4150.00	Attorney Docket No.	000023.00122	

METHOD OF PAYMENT	(check all that appl	lv)					
		oney Order	None	Other	(please identify)		
	Deposit Account Numb	23.218	5	Deposit Account I	Name:	Blank Rom	e LLP
For the above-identifie	d deposit account, the	Director is here	by authorized to:	(check all that a	pply)		
Charge fee(s) in	dicated below			Charge fee(s) in	dicated below, exc	ept for the fil	ing fee
	tional fee(s) or underpa	syments of fee(s) 🔲	Credit any overp	ayments		
under 37 CFR 1. WARNING: Information or		ne public. Cre	dit card informa	tion should not	be included on th	is form. Prov	ide credit card
information and authoriza		•					
FEE CALCULATION							
1. BASIC FILING, SEA	RCH, AND EXAMIN FILING FEES		CH FEES	EXAMINA	TION FEES		
Application Type Fee (Small Entity	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee	es Paid (\$)
Utility 300		500	250	200	100	100	
Design 200	100	100	50	130	65		
Plant 200		300	150	160	80		
Reissue 300 Provisional 200		500 0	250 0	600 0	300 0		
Provisional 200	100	U	V	U	O		
2. EXCESS CLAIM FEE	S						Small Entity
Fee Description	Deissues each claim o	wer 20 and mo	re than in the ori	ginal natent		<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25
	ach claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 ach independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100						
Multiple dependent claims						360	180
Total Claims 63 –20 or HP =	Extra Claims 43	Fee (\$) x \$50	Fee Paid = \$2150.0		iple Dependent C (\$) Fee Pa		
HP=highest number of total claim			- \$2130.0	ree i	<u> 100 F </u>	ita (4)	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid				
17 -7 or HP =	10	x \$200	= \$2000.0	0			
HP=highest number of indep 3. APPLICATION SIZE	pendent claims paid for FEE	, it greater than	3				
If the specification and draw	ings exceed 100 sheet				125 for small entity)	
for each additional 50 shi Total Sheets	eets or fraction thereof. Extra Sheets	See 35 U.S.C	. 41(a)(1)(G) and of each addition	37 CFR 1.16(s).	thereof Fee	· (\$)	Fee Paid (\$)
-100 =	/ 50			whole number)	x	=	
4. OTHER FEE(S)						-	Fees Paid (\$)
Non-English Specifica	tion, \$130 fee (no	small entity dis	count)			_	
Other:						-	

SUBMITTED BY		
Signature	Michael & M. Registration No. (Attorney/Agent) 32,795	Telephone 202-772-5800
Name (Print/Type)	Michael D. White	Date February 8, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, 1-800-PTO-9199 and select option 2.

02/10/2005 LLANDGRA 00000048 10519071

01 FC:1615 02 FC:1614

2150.00 OP 2000.00 OP